

ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Catherine A. Gao

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 4/19/2023

Your Name: Nikolay S. Markov

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

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Date: 4/19/2023

Your Name: Thomas Stoeger

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

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Date: 4/19/2023

Your Name: Anna Pawlowski

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Mengjia Kang

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Prasanth Nannapaneni

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Rogan A. Grant

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Chiagozie Pickens

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: James M. Walter

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Jacqueline M. Kruser

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Luke Rasmussen

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Daniel Schneider

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Justin Starren

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Helen K. Donnelly

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Alvaro Donayre

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Yuan Luo

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Manuscript Number (if known): 170682-JCI-CMED

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: GR Scott Budinger

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Richard G.Wunderink

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Alexander V. Misharin

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

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ICMJE DISCLOSURE FORM

Date: 4/19/2023

Your Name: Benjamin D. Singer

Manuscript Title: Machine learning links unresolving secondary pneumonia to mortality in patients with severe pneumonia, including COVID-19

Manuscript Number (if known): 170682-JCI-CMED

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8	Patents planned, issued or pending	<input type="checkbox"/> None	
		US patent 10,905,706, "Compositions and methods to accelerate resolution of acute lung inflammation,"	
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11	Stock or stock options	<input type="checkbox"/> None	
		Scientific Advisory Board of Zoe Biosciences	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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